

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SPONSORED NON-CITIZENS (DEEMED INCOME)

Notice Date _____
Case Name _____
Number _____

A. Earned Income	\$	_____
B. Less 20% of A (Not to exceed \$175)	-	_____
C. Subtotal	=	_____
D. Unearned Income	+	_____
E. Subtotal	=	_____
F. Less MBSAC for sponsor and for tax dependents living inside the household	-	_____
G. Subtotal	=	_____
H. Less amounts paid by the sponsor for tax dependents living outside the household	-	_____
I. Less child/spousal support paid	-	_____
J. Subtotal	=	_____
K. Number of Sponsored Non-Citizens in the Assistance Unit	÷	_____
L. Divide J by K	=	_____

Rules: These rules apply; you may review them at your welfare office: MPP 44-133.10

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.